

NEWTON COUNTY ANIMAL CONTROL

VOLUNTEER WAIVER

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____

In Case of Emergency, notify: _____

Relationship: _____ Phone: _____

DISCLAIMER: I will not hold Newton County Animal Control responsible for any loss or damage to my belongings or person, while undertaking my volunteer responsibilities for Newton County Animal Control.

Signature: _____ Date: _____